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ABSTRACT

The question of whether or not the mass media can successfully be used as a vehicle for creative social and individual change is discussed and brief descriptions are given of successful and unsuccessful campaigns that attempted to improve public attitudes toward certain health problems. Ten recommendations are made for using the mass media effectively in promoting good health: (1) identify the needs and interests of the intended audience; (2) conduct marketing research prior to planning a campaign; (3) target the segments of the population most likely to be responsive; (4) select goals carefully; (5) establish objectives for each message or component of a campaign; (6) create high quality messages and materials; (7) match the media carefully with the targeted population; (8) use the mass media in conjunction with community organization, interpersonal efforts, and face to face instruction; (9) evaluate the messages, programs, and campaigns as a part of the ongoing process; and (10) cultivate a relationship with reporters and editors that will enable the improvement of the health and well-being of the community to become a joint effort between media and health professionals. A 26-item reference list is appended. (JD)

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Effective Utilization of the Mass Media

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ABSTRACT

Mass media have been ineffective in some health promotion campaigns as vehicles for social and behavioral change. Yet they have been successful in many others, spectacularly so in some. A review of the literature indicates that the successful mass media campaigns have been built on the social marketing theory explicated by Kotler and Fine and practiced by Farquhar, Solomon, Maccoby, Novelli, and others. Ten recommendations are discussed for using the mass media effectively in campaigns promoting health. They emphasize the importance of adequate market research, planning, creation of marketable messages, interaction between mass media and other community resources, and an ongoing evaluation.

Effective Utilization of the Mass Media

Can the mass media be utilized successfully as a vehicle for social and personal change? Psychologists, communicators, and other social scientists have debated the question for years.

For health educators, the question is more than academic. The ubiquitous media blankets the nation with a multiplicity of newspapers, radio stations, and TV channels. Combined with billboards, direct mail, specialized and general magazines, organizational newsletters, and trade publications, the media offer health educators a breathtaking potential for improving the health and well-being of Americans.

But can the media be utilized in effecting change? The answers from the debates have ranged from yes ... to no ... to yes, if .... Let us start with the "noes."

In 1947 (Star & Hughes) a massive media campaign was carried out in Cincinnati to increase the level of information about the United Nations. Surveys conducted before and after the campaign indicated that the level of information did not increase in the entire six-month effort.

In the early 1970s (Udry, Clark, Chase, & Levy, 1972) a multimedia campaign to alter contraceptive behavior in four American cities failed to increase significantly the attendance at family planning clinics or the purchase of contraceptives. In addition, the campaign was conducted so

inefficiently that recruitment costs per new family-planning client ranged from $75 in Jackson, Mississippi, to $5,000 in Columbus, Ohio.

The 1970s had other notable mass media failures. Robertson (1976) described one such example as "the great seat belt campaign flop." In a double blind study he found that cable TV viewers exposed to innumerable messages about seat belt usage did not buckle up more frequently than did viewers not exposed to the messages. In the mid-1970s Feeling Good, a delightful series on public TV combining health and entertainment, was cancelled because it attracted so few viewers (Mielke & Swinehart, 1976).

The mass media campaigns that failed to increase the intended healthy behaviors could be labeled good failures. There were also bad failures - those that increased negative behaviors and attitudes. Kinder (1975) referred to the boomerang effect of anti-drug campaigns; they were suspected of increasing the behaviors they were designed to decrease.

All mass media messages, programs, and campaigns have not failed. Many have succeeded, some spectacularly so. Campaigns using interpersonal and mass media channels throughout World War II (Cartwright, 1949) were so successful that in the waning days of the war, 40 percent of Americans with incomes were still buying war bonds.

An innovative National Drivers Test (Mendolsohn, 1973) shown on TV prior to Memorial Day in 1965 attracted 30 million viewers, generated one and a half million letters,

helped 600,000 individuals acknowledge their driving deficits, and stimulated 35,000 to enroll in driver improvement classes.

The anti-smoking campaign, begun when the Fairness Doctrine was enforced in the late 1960s, has been the focus of much study and even more speculation. Seventy-five million dollars worth of anti-smoking messages broadcast free on American TV and radio produced a variety of effects. They stimulated the funding and publication of more scientific research. Cigarette taxes were increased. Long silent non-smokers began to stand up for their rights. A century of growth of smoking in the United States ended, and a decline began which is still continuing. Warner (1977) has predicted that without anti-smoking messages, the consumption of cigarettes in 1975 would have been 20 to 30 percent higher than it was.

VD Blues, an hour-long documentary, (Greenberg & Gantz, 1976) helped lift the cultural taboo of discussion of sexually transmitted diseases. The program increased the public's awareness of their severity and the individual's awareness of his vulnerability in its three-year run on public TV in the 1970s.

The "Oscar" awards for the successful use of mass media, however, are reserved for interdisciplinary teams in the United States, Australia, and Finland (Farquhar et al., 1977; Maccoby & Farquhar, 1975; Maccoby & Solomon, 1981; Meyer, Maccoby, & Farquhar, 1977; Meyer, Nash, McAlister,

Maccoby, & Farquhar, 1980; Solomon, 1984, 1981; Egger et al., 1983; McAlister, Puska, Salonen, Tuomilehto, & Koskela, 1982) Their well-funded efforts have demonstrated that the judicious and creative use of mass media, interpersonal efforts, and face-to-face instruction - singly or in tandem - can decrease cardiovascular risks and increase healthy behaviors in literally thousands of adults.

Can the mass media be effectively utilized as a vehicle for social and individual change? The answer is a resounding YES,IF ... the principles of social marketing are observed. Kotler (1982, 1984), Fine (1981), Solomon (1981, 1984) Novelli (1984) and others have written extensively on social marketing theory and practice. In the remainder of this paper, I shall offer recommendations for using the mass media effectively which are based on social marketing principles in the previously cited studies.

1. Identify the needs and interests of the intended audience. The importance of understanding the individual's needs, wants, and goals is a thread that runs through the literature of many disciplines, including health, social psychology, education,communications, and innovation diffusion. "Start where the student is" is the sine qua non of education. Satisfying the needs of the consumer is the dynamic of the exchange process in both social and commercial marketing (Kotler, 1982, 1984).

2. Conduct marketing research prior to planning a campaign. Learn all you can about the demographic

characteristics of the population, the benefits they desire, media usage patterns, levels of knowledge about the health topic, its level of salience, value systems, and capacity for learning. Analyze the commercial messages that compete with your message to determine if confronting or ignoring these messages is preferred. Marketing research utilizes personal interviews, published literature, surveys, focus groups, and empirical observations in the gathering of data for analysis.

Use the data to develop mass media messages that are intelligible, appealing, memorable, and that have the capacity for eliciting active participation. They should be pretested with a representative sample of the population and then reshaped based on the results of the pretests.

3. Target the segments of the population most likely to be responsive. These subgroups should be as internally homogeneous as possible, with similar demographic, attitudinal, behavioral, or other characteristics.

4. Select your goals carefully if you wish to use the mass media effectively. Awareness and knowledge gains and attitude and behavior change have been the staple goals of health educators in the past.

By no means do they exhaust the potential of the media in improving the well-being of target populations. Frequent appearance in the media as a newsmaker has been shown to confer status and prestige which can enhance credibility and facilitate change. Members of the media often set social

agendas by what they bring to the public's attention for discussion or debate. They have also been effective in encouraging the development of support systems ... initiating behavioral intention ... increasing salience of an issue and providing a cue to action. They have been used to teach skills and to provide opportunities for rehearsing skills.

5. Establish objectives for each message or component of a campaign. Objectives must be specific, measurable, and realistic. If the objective is to get 80 percent of the population to adopt a health behavior, it is likely not to be achieved. The resulting failure may dishearten volunteers or staff members, or create a backlash in the community. It can jeopardize funding. Health educators should not be apologetic for efforts to change 5 to 10 percent of the target population. Millions of dollars are invested by the private sector to persuade one or two percent of the target population to buy a product (Price & Allensworth, 1979).

6. Create high quality messages and materials. Messages should be salient, relevant to the target population, engrossing in nature, and engaging in style. Health messages that are didactic, preachy, general, or dull have little chance of competing successfully for attention among commercial messages.

The source of the message is important (Atkin, 1979, 1981). Experts are more credible when the message is complex and the goal is information gain. Trustworthy sources are more likely to be effective when the aim is attitude or

behavior change. Celebrities are valuable when the audience has a low involvement with the message.

Message frequency is also important. Though repetition is essential, it should be repetition with variety, or it may induce diminishing returns. Concentrated bursts of spot messages often work better than the same number scattered over a longer period of time. It may be more cost-efficient to buy a few prime time messages than to receive many free ones at low listener or viewer times.

7. Match the media carefully with the targeted population. If the intended receivers do not attend to the particular media where the message is placed, the effect obviously will be minimal. Though many studies have been done with different findings, it is generally agreed that the educated, affluent, and older populations can be reached more effectively through the print media. Radio and specialized magazines are more effective in reaching youth. Blacks and Hispanics can best be reached through minority media, especially radio. Newspaper columns and radio and TV programs featuring physicians are more likely to be heeded by older persons. Generally speaking, emotional and dramatic messages are best conveyed by the electronic media, while indepth or thought-provoking information is more appropriate for the print media (Atkin, 1981, Egger et al., 1983).

8. Use the mass media in conjunction with community organization, interpersonal efforts, and face to face instruction. Strive for a symphony of media, not a single

instrument. This blending of media is more likely to be effective and to have a greater impact, though it is more expensive. The Stanford Heart Disease Prevention Project found that utilizing a diversity of channels within the community created a synergistic effect.

9. Evaluate your messages, programs, and campaigns as a part of the ongoing process. Too many researchers considering the effects of the mass media have reported only that a strategy succeeded or failed. Health educators must know why and under what circumstances an intervention is effective or ineffective. The theoretical model and implementation method in some campaigns have been labeled failures because of inadequate or inaccurate measurement. For that reason, evaluators need to be involved in the creative process from the beginning and to work in tandem with practitioners. Wallack (1972) has pleaded for broader techniques of inquiry for evaluating campaigns. The goal is not less scientific rigor but more useful data.

10. Cultivate a relationship with reporters and editors that will enable the improvement of the health and well-being of the community to become a joint effort between media and health professionals. In the Stanford Project, the mass media were considered full partners in the educational process designed to benefit the community.

Can the mass media be effectively utilized by health educators? The answer is yes, if the media messages, programs, and campaigns are carefully built on the principles

of social marketing.

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